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ABSTRACT

The PRECEDE model, a conceptual model of comprehensive program development and implementation for health education, was used as a framework for a school-based drug (including alcohol and tobacco) education program specific to each individual classroom teacher's situation. A dual-purpose workshop was held for elementary and secondary school teachers which enabled participants to increase their knowledge of drugs and to understand the concepts of the PRECEDE model and their application within the school health program. A qualitative assessment was used to evaluate the workshop. Participants completed an open-ended workshop evaluation on the last day of the workshop and again one year later. The results indicated that the update on content was helpful, that the opportunity to work through a program was both helpful and difficult, and that participants felt that similar workshops should be required of all teachers. Recommendations for a follow-up study include the development of: (1) a knowledge pretest/posttest; (2) a standard knowledge, attitude, and behavior instrument for students; and (3) a systematic means of evaluating use of the PRECEDE model. (Figures are included which illustrate the PRECEDE model and working through the PRECEDE model, and provide a workshop content outline.) (NB)

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Application of the PRECEDE Model to a School-Based Program of Drug, Alcohol and Tobacco Education

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INTRODUCTION

The recent concern surrounding the abuse and misuse of drugs in today's society has prompted a proliferation of health education programs designed to 'attack' the drug (including alcohol and tobacco) problem. These health education programs, of varying formats and emphases, are intended in some way to deter the drug-related knowledge, attitudes and/or behaviors of the target population. One need only survey today's professional journals, magazines and newspapers to get a feel for the impact of drugs on our society and to see that this need for effective drug education is recognized by educators, parents, students and other segments of the population as well; a pervasive need that cannot be disputed.

The evidence suggests the need and support for comprehensive school-based drug education programs; the question which needs to be answered is what is the most effective means of developing and implementing these programs? Too often, schools subscribe to pre-packaged curricula developed by commercial enterprises, state departments, professional groups or others. These may or may not have a theoretical base; they may be too generalized to be utilized with specific programs; or they may offer merely a cook-book approach to teaching what the developer has perceived as the important points.

To date, while there are few conceptual models of comprehensive program development and implementation specifically designed for health education, one such model has emerged as a generic health education model; that is it is appropriate for and applicable to both the school and community setting. This model, termed the PRECEDE model, is a "theoretically 'robust' model;"[1] it is in actuality a seven-phase framework in which

> ...two basic propositions are emphasized: (1)health and health behavior are caused by multiple factors; and (2) because health and health behavior are determined by multiple factors, health education efforts to affect behavior must be multidimensional.[2]

The purpose of this paper is to describe the utilization of the PRECEDE model as a framework for the development and ultimately the implementation of a school-based drug (including alcohol and tobacco) education program specific to each individual classroom teacher's situation. This was achieved through a dual-purpose workshop for classroom teachers which enabled these teachers to increase their current knowledge of drugs and to understand the

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concepts of the PRECEDE model and their application within the school health program. The results will be discussed in terms of the feasibility of the PRECEDE model as a means of individual program development, teacher evaluation of the workshop, and utilization of the content and concepts within the classrooms.

APPLICATION OF THE MODEL

The PRECEDE model was selected to be utilized to develop and implement a drug education program because of its logical approach to program planning as well as for its ability to meet individual needs and circumstances (see figure 1). Phases 1 (social diagnosis) and 2 (epidemiological diagnosis) were conducted to determine the major quality of life concerns of the area, as perceived by the teachers and community and to assure that there was adequate data to support the need for this program (which in this case was determined to be drug education). Once the data had been gathered, a two-week workshop was designed for classroom teachers who would be conducting a drug education program with their own classes. This workshop was intended to provide the teachers with current information regarding drugs as well as provide them the opportunity to complete the PRECEDE model (phases 3 through 7) as a process. This allowed the classroom teachers, those who would be responsible for drug education at the elementary and secondary levels, the opportunity to update their own knowledge as well as to understand the how and why of what they would ultimately be presenting in the classroom (including the concepts of the PRECEDE model itself). The methods utilized to take the workshop participants through each of the phases are shown in figure 2, while the content outline of the workshop is provided in figure 3.

RESULTS

Classroom teachers, specifically at the elementary school level, are seldom afforded the opportunity to develop and implement their own health education curriculum. This may occur for a number of reasons, including time constraints, lack of perceived importance, and/or lack of funds. Utilization of a theoretical model of program development (PRECEDE) to accompany a content area (drugs, alcohol and tobacco) served a dual role in this situation: (1) it afforded teachers the opportunity to improve their own knowledge in the area of drugs, alcohol and tobacco, which they could, in turn, pass along to their own students; (2) it allowed these teachers to actually utilize a program development model so that they might have a better understanding of how to develop health education curricula now and in the future.

The results of this investigation, presented in qualitative terms, may be categorized under the following sub-headings: Utilization of the PRECEDE Model; Workshop Evaluation; and Utilization of Content and Concepts.

Utilization of the PRECEDE Model

The PRECEDE Model, by its very nature, is a very complex model. While workshop participants, generally, felt that it had a great deal of potential, there were several concerns expressed. These included the following: (a) this is too time consuming; (b) I often do not have a choice in what I teach; and (c) how do I know I have selected the most important point at each phase. In addition, there were several positive comments concerning such utilization: (a) I now understand how important it is to determine the needs of my students in the area of heatlh; (b) I do not have to rely on what others have done; and (c) I feel I can better justify the kinds of things I am doing in my classroom. Each participant cited at least one positive and one negative aspect.

Workshop Evaluation

An immediate evaluation (last day of the workshop) and a one-year follow-up evaluation were administered to program participants. Both evaluations involved the use of open-ended questions to get at the content and methods. Results indicated that the update on content was extremely helpful in teaching but also in general; that the opportunity to work through a program, while helpful, was at times difficult; and that such a workshop should be required of all teachers, especially given the current state of drug use in the United States today.

Utilization of Content and Concepts

Workshop participants were asked to evaluate the workshop on the last day of the workshop and one year later. A portion of this evaluation was directed at the content and concepts learned and their potential and actual utilization. All of the workshop participants had taught previously at least one aspect of drugs, alcohol and/or tobacco. In the evaluation process on the last day, all participants said they intend to (a) spend more time than they had previously and (b) integrate the knowledge gained here within other subject areas (i.e. social studies). In the one-year follow-up evaluation, all participants said that (a) they had spent more time than they had previously, but not as much time as they had intended; and (b) while they had integrated the knowledge gained within other subject areas, they had not done as well in terms of its interdisciplinary use as they had thought they would. In addition, not one of the participants as yet had utilized the PRECEDE Model on their own in another health topic/subject matter area.

DISCUSSION

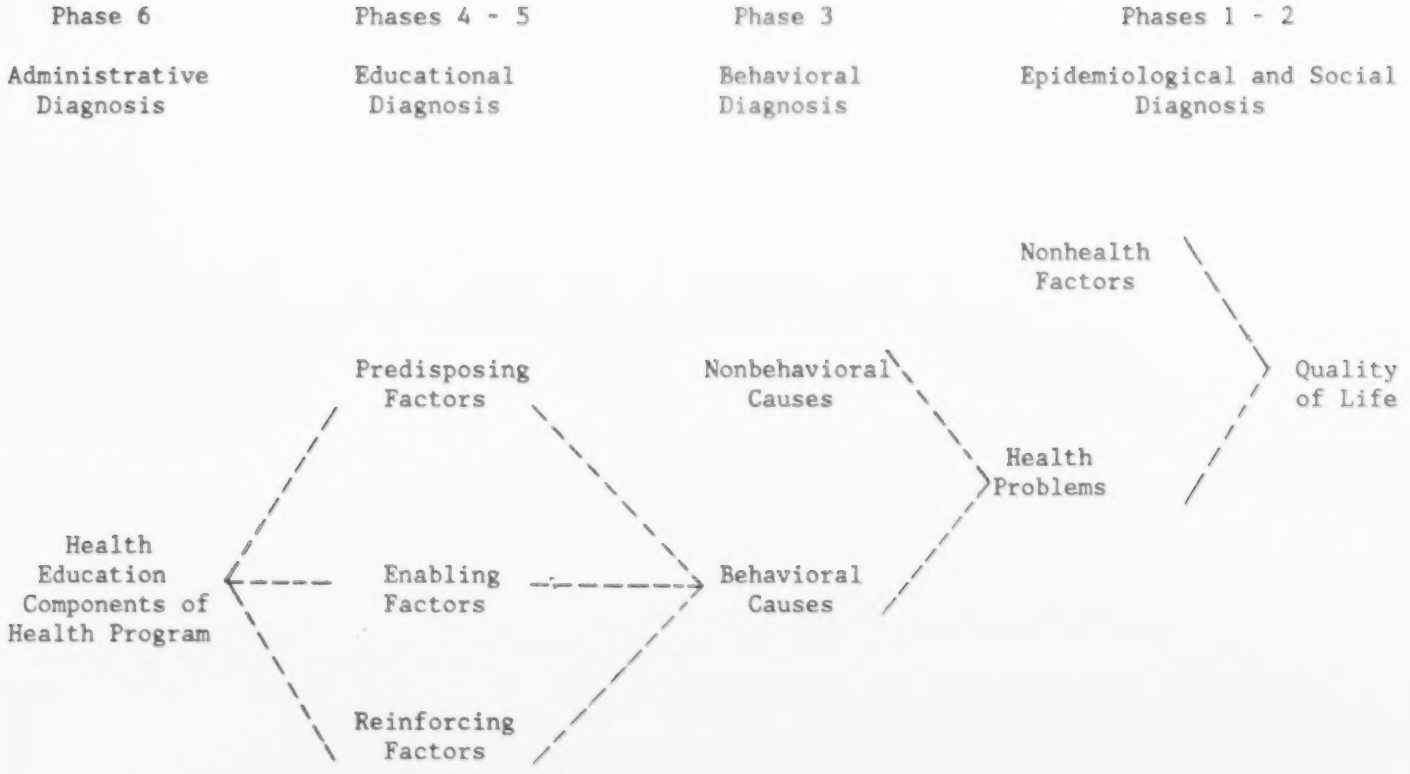
The classroom teacher is, at the elementary school level, the one who carries the majority of the responsibility in terms of health education. However, most elementary teacher professional preparation programs do not provide an adequate amount of content

and/or theory courses within the area of health education. The intent of this workshop, provided for classroom teachers, was two-fold: First, to update each of the teachers in the area of drugs, alcohol and tobacco; and second to provide these same teachers with a theoretical base and the opportunity to apply that theoretical base in the development of an effective drug education program for his/her classroom.

While the ultimate goal, in this case, would be to decrease the misuse and abuse of drugs, behavioral change is not always possible to document in the short-term. For that reason, a qualitative assessment was the predominant means of assessment utilized. Also, when one provides the opportunity for persons to develop individual programs, as advocated within the PRECEDE framework, one foresakes some aspects of evaluation. The feedback provided by the workshop participants supports the notion that the opportunity to follow the model and allow individual program development and implementation far and away outweighs the lack of statistical data for a first-time attempt.

Recommendations for a follow-up study, then, would include the following: (a) the development of a knowledge pre-test/post-test for workshop participants; (b) the development of a somewhat standard knowledge, attitude and behavior instrument for K-12 students; and (c) the development of a systematic means of evaluating the utilization of the PRECEDE model.

Figure 1: The PRECEDE* Model



* Green, Kreuter, Deeds and Partridge. Health Education Planning: A Diagnostic Approach. Palo Alto, CA: Mayfield Publishing Company, 1982; page 3.

Figure 2: Working through the PRECEDE Model

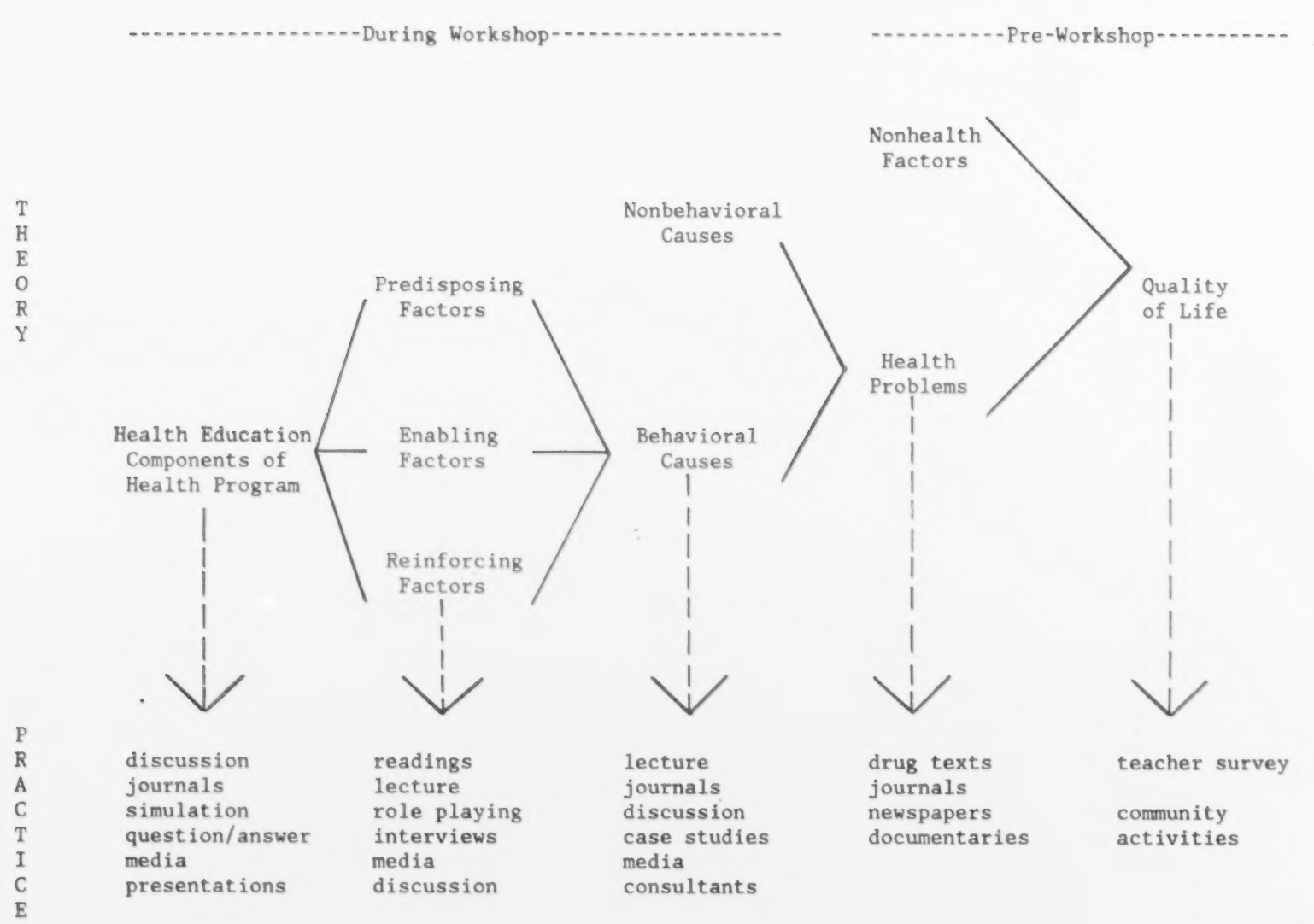


Figure 3: Workshop Content Outline

Day #1 Workshop Overview
Introduction to Drug Terminology
Reasons for Drug/Alcohol/Tobacco Usage
Tobacco
- overview
- physiological effects, short- and long-term
- components of cigarette smoke

Day #2 Tobacco (continued)
- smoking as a learned behavior
- passive smoking; second-hand smoke
- smokeless tobacco
- teaching resources/materials

Introduction to the PRECEDE
Alcohol
- overview
- physiological effects, short- and long-term
- drinking as a learned behavior
- driving while under the influence

Day #3 Alcohol (continued)
- alcoholism
- teaching resources/materials

PRECEDE - phases 1 and 2
Drugs
- overview
- stimulants
  a. physiological effects, short- and long-term
  b. availability
  c. various types and sources
  d. teaching resources/materials

Day #4 Drugs (continued)
- depressants and narcotics
  a. physiological effects, short- and long-term
  b. availability
  c. various types and sources
  d. teaching resources/materials

PRECEDE - phases 3 and 4

Day #5 Drugs (continued)
- volatile substances
  a. physiological effects, short- and long-term
  b. availability
  c. various types and sources
  d. teaching resources/materials
- hallucinogens
  a. physiological effects, short- and long-term
  b. availability
  c. various types and sources
  d. teaching resources/materials

PRECEDE - phases 5 and 6

Day #6 Psychological and Sociological Effects of Drugs, Alcohol and Tobacco
Dealing with Drug Emergencies in the Schools
Characteristics of Effective Drug Education

Day #7 Written Final Examination
Dealing with a Community Drug Problem via simulation activity "Community at a Crossroads"
Summary/Review Content Covered in Workshop

Day #8 Presentation of Implementation Plans
Workshop Evaluation by Participants

References

1. Green, Kreuter, Deeds and Partridge. Health Education Planning: A Diagnostic Approach, Palo Alto, CA: Mayfield Publishing Company, 1980.

2. Ibid.